

PATENT



ATTORNEY DOCKET NO.: N1085-00225 [TSMC2003-0656]

DPW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: **Burn Jeng Lin et al.**

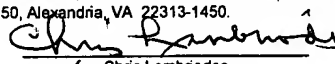
Serial No.: **10/765,531**

Examiner: **Stephen D. Rosasco**

Filed: **01/27/2004**

Group Art Unit: **1756**

Confirmation No.: **1027**

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|---|
| <p><b>CERTIFICATE OF MAILING,</b><br/><b>37 C.F.R. §1.8(a)</b><br/>I certify that this correspondence and the<br/>enclosures mentioned therein are being deposited<br/>by First Class Mail on the date shown below,<br/>addressed to: Commissioner for Patents, P.O. Box<br/>1450, Alexandria, VA 22313-1450.<br/><br/>Chris Lambriodes<br/>5/16/2005<br/>Date</p> |
|---|

For: **SYSTEM AND METHOD FOR PROCESSING MASKS  
WITH OBLIQUE FEATURES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF SUPPLEMENTAL**  
**COMBINED DECLARATION AND POWER OF ATTORNEY**  
**UNDER 37 C.F.R. § 1.67**

Dear Sir:

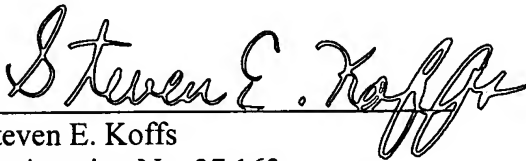
This letter is submitted to request a correction to the Combined Declaration And Power Of Attorney pages submitted for the above-captioned patent application. Inadvertently, the pages of the Declaration and the Assignment got mixed up and Pages 2 and 3 attached to the Declaration And Power Of Attorney were not the pages for the Declaration And Power Of Attorney but were the pages for the Assignment. A review of the Image File Wrapper on PAIR confirms this error.

Accordingly, Applicants submit herewith the Combined Declaration And Power Of Attorney with the correct Pages 2 through 6 attached and request the U.S. P.T.O records be corrected.

The Commissioner is hereby authorized to charge any fees associated with this communication to Deposit Account No. 04-1679.

Respectfully submitted,

Date: 5-16-05



Steven E. Koffs  
Registration No. 37,163  
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One Liberty Place  
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EXPRESS MAIL LABEL NO. EV 17860066 US

ATTORNEY DOCKET NO. N1085-00225  
[TSMC2003-0656]

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **SYSTEM AND METHOD FOR PROCESSING MASKS WITH OBLIQUE FEATURES** the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_. (If applicable.)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any Amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

| <u>Country</u> | <u>Number</u> | <u>Date<br/>Filed</u> | <u>Priority<br/>Claimed</u> |
|----------------|---------------|-----------------------|-----------------------------|
|----------------|---------------|-----------------------|-----------------------------|

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application listed below:

Application

Filed

N/A

I hereby appoint the following attorneys, of the law firm DUANE MORRIS LLP, One Liberty Place, Philadelphia, PA 19103-7396, **Customer No. 08933**, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

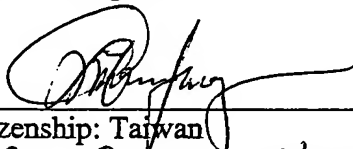
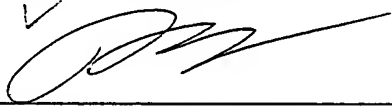
|                       |                         |
|-----------------------|-------------------------|
| Gerry K. Kita         | Registration No. 24,125 |
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I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|   |  |   |                  |
|---|--|---|------------------|
| 1   | Full Name<br>Burn Jeng Lin   | Inventor's Signature<br>  | Date<br>2/2/2004 |
|   | Residence<br>✓ 153 Lane 89, Kuang Fu Rd. Sec. 1, 1st FL<br>Hsinchu, Taiwan ROC |   |                  |
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| 2   | Full Name<br>Ping Yang   | Inventor's Signature<br> | Date<br>2/3/2004 |
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| 3  | Full Name   | Inventor's Signature                                    | Date  |
|  | Hong Chang Hsieh  | <input checked="" type="checkbox"/><br>Hong-Chang Hsieh | <input checked="" type="checkbox"/><br>7/3/06 |
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| Same as above  |   |   |   |
| 4  | Full Name   | Inventor's Signature                                    | Date  |
|  | Yao Ching Ku  | <input checked="" type="checkbox"/><br>Yao Ching Ku     | <input checked="" type="checkbox"/><br>2/3/06 |
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|   |  |  |  |
|---|--|--|--|
| 5   | Full Name<br><i>Chin-Hsiang LIN</i><br>Chin Hsiang Lin | Inventor's Signature<br><input checked="" type="checkbox"/><br>  | Date<br><input checked="" type="checkbox"/><br><i>Feb. 2, 2004</i> |
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| Post Office Address: (If same as residence, please write, "same as above")<br><br>Same as above   |  |  |  |
| 6   | Full Name<br>Chiu Shan Yoo                             | Inventor's Signature<br><input checked="" type="checkbox"/><br> | Date<br><input checked="" type="checkbox"/><br><i>Feb. 7, 2004</i> |
| Residence <span style="float: right;">Citizenship: Taiwan</span><br><input checked="" type="checkbox"/> <i>#1, Alley #12, Lane 194, Kao-Feng Rd, Hsin-chu, Taiwan.</i> <span style="float: right;"><i>R.O.C.</i></span> |  |  |  |
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